

U. S. SMALL BUSINESS ADMINISTRATION

**REQUEST FOR COUNSELING**

A. NAME OF COMPANY		B. YOUR NAME (Last, First)		C. TELEPHONE (H) (B)													
D. STREET		E. CITY	F. STATE	G. COUNTY	H. ZIP												
<b>I. TYPE OF BUSINESS</b> 1. <input type="checkbox"/> Retail      4. <input type="checkbox"/> Manufacturing 2. <input type="checkbox"/> Service    5. <input type="checkbox"/> Construction 3. <input type="checkbox"/> Wholesale 6. <input type="checkbox"/> Not in Business		<b>J. OWNERSHIP/GENDER</b> 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female 3. <input type="checkbox"/> Male/Female		<b>K. VETERAN STATUS</b> 1. <input type="checkbox"/> Veteran 2. <input type="checkbox"/> Vietnam-Era 3. <input type="checkbox"/> Disabled Veteran													
<b>L. ETHNIC BACKGROUND</b> a. Race 1. <input type="checkbox"/> American Indian or Alaskan Native 2. <input type="checkbox"/> Asian or Pacific Islander 3. <input type="checkbox"/> Black <input type="checkbox"/> White  b. Ethnicity 1. <input type="checkbox"/> Hispanic 2. <input type="checkbox"/> Non Hispanic			<b>M. HOW DID YOU LEARN OF THESE COUNSELING SERVICES</b> 1. <input type="checkbox"/> Yellow pages    5. <input type="checkbox"/> Bank 2. <input type="checkbox"/> Television        6. <input type="checkbox"/> Chamber of Commerce 3. <input type="checkbox"/> Radio                7. <input type="checkbox"/> Word-of-Mouth 4. <input type="checkbox"/> Newspapers      8. <input type="checkbox"/> Other _____														
<b>N. ARE YOU CURRENTLY IN BUSINESS</b>  Yes _____ No _____		<b>O. If YES, HOW LONG?</b>		<b>P. TYPE OF BUSINESS</b>													
<b>Q. If NOT IN BUSINESS, WHAT BUSINESS ARE YOU INTERESTED IN?</b>																	
<b>R. HAVE YOU EVER ATTENDED A SMALL BUSINESS SEMINAR CONDUCTED BY CHAPTER 17?</b>  YES _____ NO _____																	
<b>S. CHECK THE PROBLEM AREAS FOR WHICH YOU SEEK ASSISTANCE:</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">Accounting &amp; Records _____</td> <td style="width: 33%;">Capital, Sources of _____</td> <td style="width: 33%;">Legal Services _____</td> </tr> <tr> <td>Adm. &amp; Personnel _____</td> <td>Engineering &amp; Mfg. _____</td> <td>Marketing &amp; Sales _____</td> </tr> <tr> <td>Business Plan _____</td> <td>Financial Analysis _____</td> <td>Purchasing/Inv. Ctrl. _____</td> </tr> <tr> <td>Business Start-up _____</td> <td>International Trade _____</td> <td>Selling to the Govt. _____</td> </tr> </table>						Accounting & Records _____	Capital, Sources of _____	Legal Services _____	Adm. & Personnel _____	Engineering & Mfg. _____	Marketing & Sales _____	Business Plan _____	Financial Analysis _____	Purchasing/Inv. Ctrl. _____	Business Start-up _____	International Trade _____	Selling to the Govt. _____
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<b>STATEMENT OF UNDERSTANDING:</b> I request business management counseling from the Small Business Administration. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA assistant services. I authorize SBA to furnish relevant information to the assigned management counselor(s) although I expect that information to be held in strict confidence by him/her.  I further understand that any counselor has agreed not to: (1) recommend goods or services from sources in which he/she has an interest and (2) accept fees or commissions developing from this counseling relationship. In consideration of SBA's furnishing management or technical assistance, I waive all claims against SBA personnel, SCORE, SBDC and its host organization, SBI, and other SBA Resource Counselors arising from this assistance.																	
<b>SIGNATURE AND TITLE OF REQUESTOR</b>																	